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WALTER M. DICKIE, M.D., Director

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GUY P. JONES
EDITOR

*Health Education of the Adolescent**

By W. L. HALVERSON, M.D., City Health Officer, Pasadena

In his book, "How to Be Happy Though Human," Dr. W. Beran Wolff says that as human beings we have the choice of three basic attitudes toward life. We may approach life with the philosophy of a turnip in which case life will consist in being born, eating, drinking, sleeping, maturing, mating, growing old and dying. Of human turnips there is no end and theirs is a calm contentment, undisturbed by the problems of this world. They see no necessity of disturbing their minds about the problems of life and, if they read books or listen to lectures, they do so only to satisfy an elemental emotion. They never study those things which do not concern themselves directly.

There are others who look on life as if it were a business. Naturally, the first question in contemplating an action is "What do I get out of it?" and the first reaction to any new experience is "How much is this worth to me?" Happiness to them becomes a matter of successful competition. This is the method of choice in the animal world. The stronger eats the weaker, and the fittest survives at the expense of the unfit. Every animal shifts for himself and living alternates between savage victory and abject defeat.

The almost, if not wholly, insurmountable difficulties in which our present civilization finds itself are brought about by this business philosophy of life,

and anyone who has studied world history must be impressed with the failure of the "What do we get out of it?" school of national politics.

The competitive system in our civil life does not kill outright, but it maims and cripples. It breeds crime, perversion and insanity, and, as of our recent World War, the victor and victims alike share in the costs.

To sum it up, this philosophy of life by its very nature can not be productive of essential or true happiness.

The third attitude of life is that of the artist. Not "What can I get out of it?", but "What can I put into it?". This makes the basic relation with one's fellow men one of cooperation and common sense. History confirms the validity of this process of life by remembering best those men and women who have contributed most richly to the welfare of their fellow men. You and I know if we look back in our experience that the persons in our own circle of friends who are profiting most by life are those who are unselfish givers. Dr. Wolff has, I believe, clearly stated the basic attitudes of life.

If this is true, every part of our effort in the education of our children—of the nation's children—should be accordingly influenced.

Compared to social isolation, feelings of inferiority and lack of adjustment to the system in which we find ourselves, tuberculosis, diphtheria and even venereal

* Read before the Health Officers' Section, League of California Municipalities, San Jose, September 15, 1937.

diseases are insignificant annoyances. It is, therefore, highly important in our health education activities that we consider the teaching of social adjustment as of equal, if not greater, importance than merely teaching how to prevent physical disease.

Adolescence is the period of life which is rightly characterized as confusing. Infants can be handled fairly successfully as a group, but adolescents present a problem which can not be dismissed by group methods. They are intensely individualistic and the only rule of value in dealing with them is that they must be dealt with just as individuals.

The period of adolescence is confusing not alone to the parent, the teacher and the doctor, but it is perhaps most of all confusing to the child himself. At this period for the first time in his memory experience, growth is rapid. Several inches and many pounds are added in the course of a few months. What causes this growth we do not know. We glibly say it is due to glandular action, but why the glands choose this period, no one has yet answered. Adults are prone to look on the child in this period as maturing, almost matured, and expect the actions and decisions made to be mature. They are often most critical when these decisions and actions do not approximate the adult idea of maturity.

It is during this period that the child must change his relationships from a relatively small family and school group to a larger and less sympathetic school and business world. Formerly he was assisted to a certain extent in his relationships. Now he is thrown more on his own. If decisions which he has made are disadvantageous to himself, he is no longer, or at least not to the same degree, shielded from consequences by sympathetic father, mother, big brother or teacher. He truly is confused and is in need of the sympathy and support of his older counsellors to an even greater degree than before his small scale structure was enlarged.

In considering the health education of the adolescent, we immediately endeavor to determine the material which should be used and the channels through which this material should be dispersed. Surely the results we wish to secure will determine or modify to a great extent the methods and materials.

A program of health education requires a technique as skillful as any needed to launch a successful sales promotional program and the methods are much the same. It is necessary first to gain the attention and to arouse the curiosity of the individual approached. Only after this has been successfully performed can the desired information be imparted with any hope of action on the part of the recipient.

It is highly essential to choose a method which will

be effective. The modern farmer no longer uses a scythe to harvest his crop of wheat nor does the textile manufacturer attempt to produce his thousands of yards of fabrics on hand looms.

It is frequently more productive of results to guide children to find out for themselves rather than to tell them what to do. This is of course much more difficult than the mere statement of classified and segregated facts.

One set of methods will not be enough. A program which has proved effective with a group of Mexicans we can not expect to use successfully with the middle class Americans. And, if we have only one approach to several diverse groups we can be sure that we are missing the mark more often than we are hitting it.

Health education still lacks the gratifying definiteness of administering diphtheria toxoid, but it is essential that we use the knowledge that has been gained and that ways be developed and utilized to measure the effectiveness of various procedures.

What should adolescents be taught regarding health? Several main problems naturally present themselves. We have already mentioned the great need of mental hygiene. A more extensive teaching of proper social adjustment would result in less personal conflict and greater happiness for the individual. During the period of adolescence proper mental habits should be formed.

A second problem which must be carried to and clarified for the adolescent is personal hygiene, i.e., the proper care of the physical mechanism. And, third, modern methods for the prevention of disease.

There is a definite relation between these three main phases of health education. For instance, the prevention of venereal disease concerns definite habits of personal hygiene, both mental and physical.

In teaching personal hygiene to adolescents the appeal must be one which will attract. The promise of long life to a 12-year-old boy or girl will not attract the attention or arouse curiosity. To them life is without end. They see an ever-extending horizon. The appeal to the growing boy can often be made through the desirability of physical perfection and its relation to the various fields of competitive athletics. The girl may be attracted by portraying the greater appeal of personal loveliness and graceful movement. If the attention and curiosity of the adolescent can be secured, facts regarding proper diet, exercise, rest and sleep can be given and the effects of alcohol and tobacco on the growing organism can be accurately portrayed, both with some hope of results.

Time does not permit the inclusion of a curriculum of subject matter relative to personal hygiene. Its importance, however, is clearly indicated if we accept

the view generally held that *important life-saving gains of the future will be through the field of personal, rather than community hygiene.*

As a foundation for the health education of the adolescent a careful study should be made of human anatomy and physiological function. Without this groundwork the reasonableness of the rules of personal hygiene will be difficult to explain.

One of the most perplexing problems during this period is that of sex. As never before in history, the adolescent is bombarded on all sides by an outspoken discourse on this subject. Magazines, newspapers, the moving picture and the radio are alive with the subject which is new to the adolescent and which without constant artificial external stimulation constitutes a real problem.

Surely the adolescent of today as never before needs sane sex education.

The primary responsibility for this rests with the parents. But, what actually happens? A survey of college students made under the direction of the White House Conference in 1930 as well as many other studies shows definitely that the responsibility is not generally accepted. The reasons are not as easy to adduce.

In many instances, fathers and mothers themselves know little about the basic facts or if they do they do not have the ability to relay them to their children. Some parents are inhibited against speaking of the subject by various religious or other beliefs, so that even if an attempt is made to discuss the subject, embarrassment prevents gaining the confidence of the child to the extent necessary. Many parents plan to assume the responsibility but wait so long that the child has received less desirable information from outside sources.

In summary, it was found that in a group of approximately 600 college students who answered questionnaires regarding sex education, about 50 per cent indicated that they had received information before the age of 11. It is probable, however, that comparatively few had received adequate information during this early period.

It is generally agreed that in early childhood it is not advisable for parents or teachers to introduce an inclusive discussion of sex, but during this period questions should usually be answered freely and frankly. Early in adolescence, however, if the adult supervisors of the child, parents or teachers do not give the information, it will probably be derived from other less desirable sources.

Sex education should have two purposes: first, to impart accurate information about sex as a part of the process of normal living; and second, to establish

attitudes which will guide the boy or girl in activities with the opposite sex.

Detailed information regarding the cause and prevention of venereal disease should not be included with sex education, per se, but should be given at a later period as a part of information relative to the control of the common contagious diseases. It is useless to try to cover the subject of sex education in one brief talk. An opening should be left for the child to return for further information. The child of 11 or 12 can not be given information as inclusive as that to the adolescent of 15 or 16.

Sex education, then should be instituted early in life by the parent as a natural result of questions which most children ask from time to time. If there is the proper companionship between the parent and the child, these questions will naturally arise; on the other hand, if the child is inhibited by false modesty or lack of understanding on the part of the parent, questions regarding subjects which tend to be suppressed will not be forthcoming.

SALE OF NEW DRUG PROHIBITED

Reports of deaths in other states due to the use of a new drug, sulfanilamide, are of interest in California where its sale is prohibited except upon a physician's prescription. The California State Board of Public Health, recognizing the dangers that lie in the promiscuous use of this dangerous and unstandardized drug, on September 14, 1937, issued an order to limit its sale and prevent its unauthorized use.

Dr. Walter M. Dickie, State Director of Public Health, states that little is known of the physiological reactions produced by sulfanilamide. Laboratory reports indicate that it is of value in the destruction of certain types of organisms and there are records of successful results in treating certain cases of disease. Patients to whom it is administered must be under constant medical supervision, however, and under no circumstances should any individual treat himself.

Sulfanilamide, an analine dye, has been used in the treatment of infections due to streptococcus, gonococcus, meningococcus and other organisms. It is a valuable drug if of standard quality, administered in proper doses and under suitable conditions. It is very dangerous, however, if taken in large doses and the recent deaths in an Oklahoma city, emphasize this danger. If administered under the direction of a physician it may be of great value, but until its manufacture is standardized and more is known relative to the reactions that it may produce in the individual, its sale in California is prohibited by the State Board of Public Health.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
October 16, 1937

Chickenpox

157 cases: Alameda 3, Berkeley 6, Oakland 28, San Leandro 9, Fresno County 7, Fresno 2, Callexico 1, Kern County 1, Los Angeles County 7, Long Beach 2, Los Angeles 10, Santa Monica 2, South Gate 1, Madera County 1, San Anselmo 1, Monterey County 5, Napa 1, Orange County 1, Plumas County 26, Riverside 1, Sacramento 2, Redlands 1, San Diego 9, San Francisco 10, San Luis Obispo 2, South San Francisco 1, Santa Barbara County 1, Santa Barbara 1, Santa Cruz 2, Santa Rosa 1, Stanislaus County 1, Tulare 1, Tuolumne County 3, Sonora 1, Fillmore 1, Oxnard 5.

Diphtheria

35 cases: Imperial County 1, El Centro 1, Los Angeles County 3, Los Angeles 14, Santa Monica 1, Sacramento 1, San Diego County 1, San Diego 7, Stockton 2, Santa Barbara 1, San Jose 1, Modesto 1, Ventura County 1.

German Measles

21 cases: Alameda 1, Berkeley 3, Oakland 1, Contra Costa County 2, Los Angeles County 1, Los Angeles 2, Anaheim 1, Plumas County 5, Sacramento 1, San Francisco 3, San Joaquin County 1.

Influenza

24 cases: Callexico 2, Long Beach 2, Los Angeles 13, San Fernando 1, Santa Monica 1, Napa County 2, Napa 2, Brea 1.

Malaria

5 cases: Colusa 2, Long Beach 1, San Joaquin County 2.

Measles

28 cases: Pittsburg 1, Los Angeles County 1, Long Beach 2, Los Angeles 8, Montebello 1, Santa Monica 1, San Rafael 1, Monterey County 1, Orange County 1, Riverside County 1, Sacramento 1, San Diego County 1, San Diego 1, San Francisco 3, Turlock 1, Tulare County 1, Ventura County 1, Ventura 1.

Mumps

146 cases: Berkeley 1, Oakland 6, San Leandro 1, Fresno 5, Callexico 2, Kern County 15, Hanford 5, Los Angeles County 6, Glendale 1, Long Beach 8, Los Angeles 6, Pasadena 2, Santa Monica 5, Madera 4, Merced County 2, Napa 2, Anaheim 2, Brea 3, Riverside County 2, Sacramento 2, San Bernardino 1, San Diego County 11, National City 1, San Diego 3, San Francisco 30, San Joaquin County 3, Stockton 1, San Luis Obispo County 1, Burlingame 1, South San Francisco 1, Santa Barbara County 1, Santa Barbara 3, Santa Maria 2, Palo Alto 2, Modesto 1, Turlock 1, Tulare County 3.

Pneumonia (Lobar)

29 cases: Alameda 1, Emeryville 1, Eureka 1, Kern County 1, Los Angeles County 3, Long Beach 1, Los Angeles 10, San Fernando 2, Napa County 1, Fullerton 1, Riverside 1, San Bernardino County 1, San Diego 2, San Francisco 3.

Scarlet Fever

131 cases: Alameda County 3, Alameda 1, Berkeley 1, Oakland 1, Amador County 1, Fresno County 3, Imperial County 1, Callexico 1, Los Angeles County 12, Glendale 3, Los Angeles 18, Montebello 1, Pomona 2, Santa Monica 1, South Gate 1, Monterey Park 1, Maywood 2, Bell 1, Madera County 4, Madera 1, Merced County 1, Monterey County 2, Orange County 9, Anaheim 1, Santa Ana 3, Lincoln 1, Plumas County 1, Riverside County 3, Corona 1, Riverside 1, Sacramento County 1, Sacramento 1, San Bernardino County 1, Needles 1, Redlands 1, San Diego County 1, San Diego 3, San Francisco 5, San Joaquin County 3, Lodi 6, Stockton 4, Burlingame 1, Santa Barbara 1, Santa Maria 1, San Jose 2, Tehama County 1, Tulare County 2, Exeter 1, Visalia 1, Ventura County 7, Oxnard 1, Davis 1, Yuba County 3.

Smallpox

2 cases: Tulare County 1, Tuolumne County 1.

Typhoid Fever

9 cases: Alameda County 1, Oakland 1, Colusa County 1, Merced County 2, Santa Cruz County 1, Turlock 1, Tulare County 2.

Whooping Cough

217 cases: Alameda County 1, Berkeley 4, Oakland 7, Contra Costa County 6, Fresno County 3, Fresno 6, Inyo County 9, Kern County 2, Hanford 2, Los Angeles County 16, Glendale 3, Long Beach 7, Los Angeles 29, Pomona 1, Santa Monica 2, Madera 1, San Rafael 1, Pacific Grove 1, Orange County 3, Brea 5, Santa Ana 7, Plumas County 9, Riverside County 5, Riverside 3, Sacramento 8, San Bernardino 2, San Diego County 4, Escondido 1, National City 1, San Diego 5, San Francisco 34, San Joaquin County 5, Stockton 6, Burlingame 1, Daly City 3, San Mateo 2, Santa Clara County 6, Palo Alto 2, Santa Cruz 1, Exeter 2, Santa Paula 1.

Meningitis (Epidemic)

One case: Upland.

Dysentery (Amoebic)

3 cases: Los Angeles 2, California 1.*

Dysentery (Bacillary)

7 cases: Los Angeles County 2, Los Angeles 3, Pomona 1, Tulare County 1.

Leprosy

One case: Oakland.

Ophthalmia Neonatorum

2 cases: San Francisco 1, Stockton 1.

Pellagra

2 cases: Maywood 1, Stockton 1.

Polliomyelitis

31 cases: Berkeley 1, Oakland 2, Kern County 2, Los Angeles County 4, Glendale 1, Long Beach 2, Los Angeles 3, South Pasadena 1, Belvedere 1, Nevada City 1, Plumas County 1, Riverside County 1, Sacramento 1, San Francisco 3, San Joaquin County 1, Santa Rosa 1, Stanislaus County 1, Riverbank 1, Tulare County 2, California 1.*

Tetanus

One case: Tulare.

Trachoma

7 cases: Oakland 1, Vernon 1, Riverside County 3, Riverside 1, San Francisco 1.

Encephalitis (Epidemic)

3 cases: Fresno 2, Merced County 1.

Paratyphoid Fever

One case: San Diego.

Trichinosis

5 cases: Berkeley 2, Los Angeles 2, Santa Barbara County 1.

Typhus Fever

One case: La Mesa.

Botulism

One case: Riverside.

Food Poisoning

5 cases: San Diego County 4, San Francisco 1.

Undulant Fever

8 cases: Kern County 1, Los Angeles County 1, Torrance 1, Napa County 1, Riverside 1, Santa Barbara County 2, Stanislaus County 1.

Coccidioid Granuloma

3 cases: Kern County.

Septic Sore Throat

One case: Berkeley.

Relapsing Fever

One case: Placer County.

Rabies (Animal)

41 cases: Imperial County 3, Kern County 5, Kings County 1, Hanford 1, Los Angeles County 8, Glendora 1, Los Angeles 15, Monterey Park 4, Monterey County 1, Redlands 2.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

We should relate what we learn with previously gathered knowledge, thus developing the ability to interpret experience.

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